

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P070: American Republic Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 15,264
Services Submitted: 15,264

Source File: P070_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	562	268	-52.3	9,474	5,644	-40.4	734,806	446,120	-39.3
4: Indemnity Care	548	387	-29.4	14,523	9,620	-33.8	2,661,032	1,663,783	-37.5
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	903	519	-42.5	23,997	15,264	-36.4	3,395,838	2,109,903	-37.9

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	748	391	-47.7	16,339	9,632	-41.0	1,940,696	1,187,012	-38.8
HMO Fee for Service									
HMO Capitated									
Medicare, All Types	92	79	-14.1	5,318	4,509	-15.2	1,163,921	790,040	-32.1
No Plan Assigned	63	49	-22.2	2,340	1,123	-52.0	291,221	132,851	-54.4
Total	903	519	-42.5	23,997	15,264	-36.4	3,395,838	2,109,903	-37.9

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	92	79	-14.1	5,318	4,509	-15.2	1,163,921	790,040	-32.1
2: Individual Plan	811	440	-45.7	18,679	10,755	-42.4	2,231,917	1,319,863	-40.9
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured									
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	903	519	-42.5	23,997	15,264	-36.4	3,395,838	2,109,903	-37.9

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.